Please type a plus sign (+) inside this box -

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Attorney Docket No. 110014.129 UTILITY PATENT APPLICATION Kumar K. Vishwanathan First Inventor System and Method of Group Calling in Mobile Communications **TRANSMITTAL**

| (Only for new nonprovision | onal applications under 37 CFR 1.53(b |)) Expres | s Mail Label No | 2. EM48438 | 804505 | - 50 | |
|---|---|---|---------------------|------------------------------|-----------------|------------|--|
| APPLICA | ATION ELEMENTS | ADI | DRESS TO: | Assistant Co Box Patent A | | or Patents | |
| See MPEP chapter 600 cor | ncerning utility patent application conte | nts. | | | | × | |
| 1. X For Transmitted 1. X For | 7. | Computer Program (Appendix) 8. Nudeolide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. | | | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Contenuation-e-part (CIP) of por application information. Print application information: Exemine Free Continuation Contenuation Continuation Contenuation Contenuation | | | | | | | |
| | 19. CORRESPO | NDENCE ADI | DRESS | | | | |
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| City | | State | | Zip C | ode | | |
| Country Tele | | | | Fé | X | | |
| Name (Print/Type) | Jason A. Reyes | Req | istration No. (Atto | orney/Agent) | 41,513 | 3 | |
| Signature Ja For A Resys | | | | Date | 4/30/0 | | |
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1. X

Deposit

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Name

Kumar K. Vishwanathan

Complete if Known

4/30/01

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Attorney Docket No. 110014.129

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

| | Timing Date | L |
|---|----------------------|---|
| | First Named Inventor | |
| | Examiner Name | |
| _ | Group Art Unit | Γ |

Application Number

Filing Date

TOTAL AMOUNT OF PAYMENT (\$) 435.00 METHOD OF PAYMENT The Commissioner is hereby authorized to chi

indicated fees and credit any overpayments to

Hale and Dorr LLP

SUBTOTAL (1) (\$)

SUBTOTAL (2) "or number previously paid, if greater; For Reissues, s

08-0219

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 See 37 CFR 1.27

101 710 201 355 Utility filing fee 106 320 206 160 Design filling fee

107 490 207 245 Plant filling fee 108 710 208 355 Reissue filing fee 114 150 214 75 Provisional filling fee

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2. Payment Enclosed: Check Credit card Money FEE CALCULATION

1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$)

2. EXTRA CLAIM FEES

Total Claims Independent Claims

Multiple Dependent Large Entity Small Entity

Fee Fee Fee Fee 103 18 203 9

102 80 202 40

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| r is hereby authorized to charge I credit any overpayments to: | | 3. ADDITIONAL FEES | | | | | | | | |
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| | | Fee Cod | | Fee | Fee e (\$) | Fee Description | Fee Paid | | | |
| nd Dorr LLP | , | 105 | 130 | 205 | e (*) 65 | Surcharge - late filing fee or oath | | | | |
| Fee Required | | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | |
| d 1.17 | | 139 | 130 | 139 | 120 | | | | | |
| entity status. | | | 2,520 | | | Non-English specification | | | | |
| sed: | | 1 | | | | For filing a request for ex parte reexamination | | | | |
| dit card Mone | | 112 | | | 920* | Requesting publication of SIR prior to Examiner action | | | | |
| ALCULATION | | 113 | 1,840* | 113 | 1,840 | Requesting publication of SIR after Examiner action | | | | |
| | | 115 | 110 | 215 | 55 | Extension for reply within first month | | | | |
| : by | | 116 | 390 | 216 | 195 | Extension for reply within second month | | | | |
| Fee Description | Fee Paid | 117 | 890 | 217 | 445 | Extension for reply within third month | | | | |
| Utility filing fee | | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | | | | |
| Design filing fee | 355 | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | | | | |
| Plant filing fee | | 119 | 310 | 219 | 155 | Notice of Appeal | | | | |
| Reissue filing fee | | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | | | | |
| Provisional filing fee | . — | 121 | 270 | 221 | 135 | Request for oral hearing | | | | |
| | 356 | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | | | | |
| SUBTOTAL (1) | (\$) 355 | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | | | | |
| S . | | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | | | | |
| | ee from below Fee Paid | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | | | | |
| • = 🔲 x 🗀 | | 143 | 440 | 243 | 220 | Design Issue fee | | | | |
| •= 2 x [| 40 = 80 | 144 | 600 | 244 | 300 | Plant issue fee | | | | |
| | | 122 | 130 | 122 | 130 | Petitions to the Commissioner | | | | |
| | | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | | | | |
| Fee Description | . 1 | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | | | | |
| Claims in excess of | 1 | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | | | | |
| Independent claims | | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | | |
| Multiple dependent claim, if not paid | | 149 | 710 | 249 | 355 | | | | | |
| ** Reissue independent claims over original patent | | 149 | | | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | | | | |
| ** Reissue claims in excess of 20 | | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | | | | |
| and over original | patent | 169 | | | Request for expedited examination of a design application | - 11 | | | | |
| TOTAL (2) | (\$) 80 | Other | fee (sp | ecify) | | or a design approaudi | | | | |
| l, if greater; For Reis | ssues, see above | *Redu | uced by | Basic | Filing | Fee Paid SUBTOTAL (3) (\$) | | | | |
| | | | | | | Complete (if applicable) | | | | |
| | | | | | | | | | | |

| SUBMITTED BY | | | | | Complete (if applicable) | | |
|-------------------|----------------|--------------------------------------|--------|-----------|--------------------------|--|--|
| Name (Print/Type) | Jason A. Reyes | Registration No. (Attorney/Agent) | 41,513 | Telephone | 617-526-6010 | | |
| Signature | Jaan A. IS | | | Date | 4/30/01 | | |

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